



IOWA INCIDENT REPORT
JOHNSTON POLICE DEPARTMENT
 6221 MERLE HAY RD

(515) 278-2345

Case Number 12-000611
Date of Report 5/4/2012
Status 03 - CLEARED BY ARREST

S U M M A R Y	County POLK - 77	Report Type 0 - INITIAL INCIDENT		Day of week incident Occurred 6 - FRIDAY	
	Dispatched Location 5233 STONEY CREEK CT		Dispatched Time 21:47	Arrival Time 21:49	In Service Time 01:30
	Is Incident Date / Time Known? YES	Incident Date or Lower Date Range 05/04/2012	Upper Date Range	Incident Time or Lower Time Range 21:49	Upper Time Range Hrs.
	INCIDENT REPORTED BY				
	Incident Reported by Victim? NO	Reporting Victim's Sequence No.	Name - Last GARMAN	First TARA	Middle Suffix
	Business Name (if Incident was Reported by a Business) WYNNSONG THEATERS		Address 5233 STONEY CREEK CT		
	City JOHNSTON	State IA	Zip Code 50131	Home/Cell Phone	Work Phone
O F F E N S E	Seq. No. 001	Code Section 708.3A(1)	Charges/Offense ASSAULT WITH INTENT OF INJURY PEACE OFFICER		UCR Offense Code AGGRAVATED ASSAULT - 13A
	Attempted/Completed C - COMPLETED		Type of Criminal Activity (up to 3)		
	Type of Weapon/Force Involved (up to 3) 40 - PERSONAL WEAPONS			Gang Information (up to 2) N - NONE/UNKNOWN	
	Method of Entry N - NO FORCE	Point of Entry	No. of Premises Entered	Offender Suspected of Using N - NOT APPLICABLE	
	LOCATION OF OFFENSE				
	Location Type 05 - COMMERCIAL/OFFICE BUILDING		X Coordinate 00438953	Y Coordinate 04611677	
	Literal Description 5233 STONEY CREEK CT				
O F F E N S E	Seq. No. 002	Code Section 723.4	Charges/Offense DISORDERLY CONDUCT		UCR Offense Code DISORDERLY CONDUCT - 90C
	Attempted/Completed C - COMPLETED		Type of Criminal Activity (up to 3)		
	Type of Weapon/Force Involved (up to 3) 99 - NONE			Gang Information (up to 2) N - NONE/UNKNOWN	
	Method of Entry N - NO FORCE	Point of Entry	No. of Premises Entered	Offender Suspected of Using N - NOT APPLICABLE	
	LOCATION OF OFFENSE				
	Location Type 05 - COMMERCIAL/OFFICE BUILDING		X Coordinate 00438953	Y Coordinate 04611677	
	Literal Description 5233 STONEY CREEK CT				
O F F E N S E	Seq. No. 003	Code Section 714.2(5)	Charges/Offense THEFT 5TH DEGREE		UCR Offense Code ALL OTHER LARCENY - 23H
	Attempted/Completed C - COMPLETED		Type of Criminal Activity (up to 3)		
	Type of Weapon/Force Involved (up to 3) 99 - NONE			Gang Information (up to 2) N - NONE/UNKNOWN	
	Method of Entry N - NO FORCE	Point of Entry	No. of Premises Entered	Offender Suspected of Using N - NOT APPLICABLE	
	LOCATION OF OFFENSE				
	Location Type 05 - COMMERCIAL/OFFICE BUILDING		X Coordinate 00438963	Y Coordinate 04611677	
	Literal Description 6233 STONEY CREEK CT				

OFFENSE	004	708.2(6)	ASSAULT				SIMPLE ASSAULT - 13B					
	Attempted/Completed C - COMPLETED		Type of Criminal Activity (up to 3)									
	Type of Weapon/Force Involved (up to 3) 40 - PERSONAL WEAPONS						Gang Information (up to 2) N - NONE/UNKNOWN					
	Method of Entry N - NO FORCE		Point of Entry		No. of Premises Entered		Offender Suspected of Using N - NOT APPLICABLE					
	LOCATION OF OFFENSE											
004	Location Type 05 - COMMERCIAL/OFFICE BUILDING				X Coordinate 00438953			Y Coordinate 04611677				
	Literal Description 5233 STONEY CREEK CT											
OFFENSE	005	719.1(2)	INTERFERENCE WITH OFFICIAL ACTS				UCR Offense Code AGGRAVATED ASSAULT - 13A					
	Attempted/Completed C - COMPLETED		Type of Criminal Activity (up to 3)									
	Type of Weapon/Force Involved (up to 3) 40 - PERSONAL WEAPONS						Gang Information (up to 2) N - NONE/UNKNOWN					
	Method of Entry N - NO FORCE		Point of Entry		No. of Premises Entered		Offender Suspected of Using N - NOT APPLICABLE					
	LOCATION OF OFFENSE											
005	Location Type 05 - COMMERCIAL/OFFICE BUILDING				X Coordinate 00438953			Y Coordinate 04611677				
	Literal Description 5233 STONEY CREEK CT											
OFFENDER	Type of Offender 01 - OFFENDER		Sequence No. 01		Name - Last PILMER			First JOHN		Middle WAYNE		Suffix
	Alias(es)								Offender Sobriety 0 - UNKNOWN			
	Address 4022 70TH STREET					City URBANDALE		State IA	Zip Code 50322	Home/Cell Phone		
	DOB Known? YES	DOB 04/10/1997		Age or Lower Age Range 15		Upper Age Range		SSN [REDACTED]		Resident Status N - NONRESIDENT		
	Driver's License - Number [REDACTED]			State IA	Gender M	Height 5' 08"	Weight 200 LBS	Eye Color BLUE - BLU		Hair Color BROWN - BRO		
	Skin Tone LIGHT - LGY			Race 3 - CAUCASIAN			Ethnicity N - NOT OF HISPANIC ORIGIN					
	Scars/Marks/Tattoos UNKNOWN								Was offender present when officer arrived? YES			
	Type of Injury N - NONE						Hospital Taken to		Transported By			
	EMPLOYMENT OR SCHOOL INFO											
	Employer or School URBANDALE HIGH SCHOOL						Occupation STUDENT			Hours of Employment		
	Address					City URBANDALE		State IA	Zip Code 50322	Work Phone		
	ARREST INFO											
	Offender Arrested? YES		Arrestee Seq. No. 001		Type of Arrest O - ON-VIEW ARREST				Arrest Date 05/04/2012		Arrest Time 22:00 Hrs.	
	Miranda By				Miranda Date		Miranda Time Hrs.		Arrestee Condition S - SOBER			
	Arrestee Armed With (up to 2) 01 - UNARMED						Place of Birth IOWA		Additional Incidents Cleared			
JUVENILE INFO												
Parent/Guard. Contacted? YES		Name - Last PILMER			First JERI			Middle		Suffix		
Address [REDACTED]					City URBANDALE			State IA	Zip Code 50322			
Home/Cell Phone [REDACTED]				Work Phone			Juvenile Arrestee Disposition R - REFERRED TO OTHER DEPARTMENT					

V I C T I M	I - INDIVIDUAL		Sequence No. 1		Name - Last SIMS		First JOHN		Middle D		Suffix II					
	Business/Organization/Municipality Name						Address		City DALLAS CENTER		State IA		Zip Code 50063			
	Home/Cell Phone		Alias(es)						Victim Sobriety 1 - HAD NOT BEEN DRINKING							
	DOB Known? YES		DOB 08/09/1996		Age or Lower Age Range 15		Upper Age Range		SSN		Resident Status N - NONRESIDENT					
	Driver's License - Number				State IA		Gender M - MALE		Height 5' 07"		Weight 116 LB		Eye Color BLUE - BLU		Hair Color UNKNOWN OR COMPLETELY BALD - X	
	Skin Tone LIGHT - LGT		Race 3 - CAUCASIAN				Ethnicity N - NOT OF HISPANIC		Scars/Marks/Tattoos UNKNOWN							
	Type of Injury M - APPARENT MINOR INJURY						Hospital Taken To REFUSED				Transported By					
	EMPLOYMENT OR SCHOOL INFO															
	Employer or School UNKNOWN						Occupation UNKNOWN				Hours of Employment					
	Address						City		State		Zip Code		Work Phone			
001	VICTIM CONNECTED TO UCR OFFENSE CODES															
	UCR Offense Code 1 ALL OTHER LARCENY - 23H						UCR Offense Code 2 SIMPLE ASSAULT - 13B									
	UCR Offense Code 3						UCR Offense Code 4									
	ADDITIONAL OFFENSE CIRCUMSTANCE INFO															
Aggravated Assault/Homicide Circumstances (up to 2)																
Additional Justifiable Homicide Circumstances																
VICTIM'S RELATIONSHIP TO OFFENDER(S)																
First Offender Seq. No. 001		Victim's Relationship to First Offender RU - RELATIONSHIP UNKNOWN				Second Offender Seq. No.		Victim's Relationship to Second Offender								
Third Offender Seq. No.		Victim's Relationship to Third Offender				Fourth Offender Seq. No.		Victim's Relationship to Fourth Offender								
SPECIAL CIRCUMSTANCES																
Not Applicable <input checked="" type="checkbox"/> Bias Crime <input type="checkbox"/> Domestic Abuse <input type="checkbox"/> LEOKA <input type="checkbox"/>																
BIAS CRIME																
Bias Motivation						Target Code										
Bias Group Affiliation																
DOMESTIC ABUSE																
Children Present?		Seq. No. of Domestic Abuse Offender		Does the victim have a current No Contact Order? <input type="checkbox"/> YES <input type="checkbox"/> NO				Has the subject been charged with domestic abuse assault on the victim <input type="checkbox"/> YES <input type="checkbox"/> NO								
Was the Abused Persons Rights given? <input type="checkbox"/> YES <input type="checkbox"/> NO				Does the Victim request a No Contact Order? <input type="checkbox"/> YES <input type="checkbox"/> NO												
Domestic Abuse Referrals (up to 6)																
LEOKA																
Officer Killed						Type of Assignment										
Body Armor						Call Type										

V I C T I M	Type of Victim I - INDIVIDUAL		Sequence No. 2		Name - Last MCCLAIN		First CALE		Middle		Suffix	
	Business/Organization/Municipality Name					Address 6221 MERLE HAY RD			City JOHNSTON		State IA	Zip Code 50131
	Home/Cell Phone		Alias(es)					Victim Sobriety 1 - HAD NOT BEEN DRINKING				
	DOB Known? YES	DOB 09/14/1987	Age or Lower Age Range 24		Upper Age Range		SSN		Resident Status N - NONRESIDENT			
	Driver's License - Number			State IA	Gender M - MALE	Height 5' 08"	Weight 180 LB	Eye Color UNKNOWN - XXX		Hair Color UNKNOWN OR COMPLETELY BALD - X		
	Skin Tone LIGHT - LGT		Race 3 - CAUCASIAN		Ethnicity N - NOT OF HISPANIC		Scars/Marks/Tattoos UNKNOWN					
	Type of Injury B - APPARENT BROKEN BONES					Hospital Taken To 03 - MERCY MEDICAL CENTER			Transported By JOHNSTON FIRE/RESCU			
	EMPLOYMENT OR SCHOOL INFO											
	Employer or School CITY OF JOHNSTON					Occupation POLICE OFFICER				Hours of Employment		
	Address 6221 MERLE HAY RD					City JOHNSTON		State IA	Zip Code 50131	Work Phone (515) 278-2345		
002	VICTIM CONNECTED TO UCR OFFENSE CODES											
	UCR Offense Code 1 AGGRAVATED ASSAULT - 13A						UCR Offense Code 2					
	UCR Offense Code 3						UCR Offense Code 4					
	ADDITIONAL OFFENSE CIRCUMSTANCE INFO											
	Aggravated Assault/Homicide Circumstances (up to 2) 02 - ASSAULT ON LAW ENFORCEMENT OFFICER(S)											
	Additional Justifiable Homicide Circumstances											
	VICTIM'S RELATIONSHIP TO OFFENDER(S)											
	First Offender Seq. No. 001		Victim's Relationship to First Offender OK - VICTIM WAS OTHERWISE KNOWN				Second Offender Seq. No.		Victim's Relationship to Second Offender			
	Third Offender Seq. No.		Victim's Relationship to Third Offender				Fourth Offender Seq. No.		Victim's Relationship to Fourth Offender			
	SPECIAL CIRCUMSTANCES											
Not Applicable <input checked="" type="checkbox"/> Bias Crime <input type="checkbox"/> Domestic Abuse <input type="checkbox"/> LEOKA <input type="checkbox"/>												
BIAS CRIME												
Bias Motivation						Target Code						
Bias Group Affiliations												
DOMESTIC ABUSE												
Children Present?		Seq. No. of Domestic Abuse Offender		Does the victim have a current No Contact Order? <input type="checkbox"/> YES <input type="checkbox"/> NO				Has the subject been charged with domestic abuse assault on the victim <input type="checkbox"/> YES <input type="checkbox"/> NO				
Was the Abused Persons Rights given? <input type="checkbox"/> YES <input type="checkbox"/> NO						Does the Victim request a No Contact Order? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Domestic Abuse Referrals (up to 6)												
LEOKA												
Officer Killed						Type of Assignment						
Body Armor						Call Type						
W I T N E S S	Witness Name - Last			First			Middle			Suffix		
	Address 32449 200TH STREET					City DALLAS CENTER			State IA	Zip Code 50063		
	Home/Cell Phone #			Work Phone #			Type of Witness 02 - INTERVIEWED					

W I T N E S S	Witness Name - Last GALETICH		First TODD		Middle		Suffix	
	Address POLK COUNTY SHERIFFS OFFICE				City DES MOINES		State IA	
	Home/Cell Phone #				Work Phone # [REDACTED]		Type of Witness 01 - INVOLVED	
W I T N E S S	Witness Name - Last OSBERG		First HEATH		Middle		Suffix	
	Address POLK COUNTY SHERIFFS OFFICE				City DES MOINES		State IA	
	Home/Cell Phone #				Work Phone # [REDACTED]		Type of Witness 01 - INVOLVED	
W I T N E S S	Witness Name - Last BLAYLOCK		First RICHARD		Middle		Suffix	
	Address POLK COUNTY SHERIFFS OFFICE				City DES MOINES		State IA	
	Home/Cell Phone #				Work Phone # [REDACTED]		Type of Witness 01 - INVOLVED	
W I T N E S S	Witness Name - Last TOMPKINS		First TYLER		Middle		Suffix	
	Address JOHNSTON POLICE DEPARTMENT				City JOHNSTON		State IA	
	Home/Cell Phone #				Work Phone # [REDACTED]		Type of Witness 01 - INVOLVED	
W I T N E S S	Witness Name - Last SPRING		First ERIC		Middle		Suffix	
	Address JOHNSTON POLICE DEPARTMENT				City JOHNSTON		State IA	
	Home/Cell Phone #				Work Phone # [REDACTED]		Type of Witness 01 - INVOLVED	
W I T N E S S	Witness Name - Last POGGENSEE		First DOUG		Middle		Suffix	
	Address JOHNSTON FIRE DEPARTMENT				City JOHNSTON		State IA	
	Home/Cell Phone #				Work Phone # [REDACTED]		Type of Witness 01 - INVOLVED	
W I T N E S S	Witness Name - Last MCANDREW		First SEAN		Middle		Suffix	
	Address JOHNSTON FIRE DEPARTMENT				City JOHNSTON		State IA	
	Home/Cell Phone #				Work Phone # [REDACTED]		Type of Witness 01 - INVOLVED	
W I T N E S S	Witness Name - Last SELLNER		First BRIAN		Middle		Suffix	
	Address JOHNSTON FIRE DEPARTMENT				City JOHNSTON		State IA	
	Home/Cell Phone #				Work Phone # [REDACTED]		Type of Witness 01 - INVOLVED	
W I T N E S S	Witness Name - Last VICKROY		First ADAM		Middle		Suffix	
	Address JOHNSTON FIRE DEPARTMENT				City JOHNSTON		State IA	
	Home/Cell Phone #				Work Phone # [REDACTED]		Type of Witness 01 - INVOLVED	
W I T N E S S	Witness Name - Last BENBERG		First SHAWN		Middle		Suffix	
	Address JOHNSTON FIRE DEPARTMENT				City JOHNSTON		State IA	
	Home/Cell Phone #				Work Phone # [REDACTED]		Type of Witness 01 - INVOLVED	

I T E M S	JOHNSON		First	SCOTT	Middle	Suffix	
	Address				City	State	Zip Code
	JOHNSTON FIRE DEPARTMENT				JOHNSTON	IA	50131
	Home/Cell Phone #		Work Phone #		Type of Witness		
				01 - INVOLVED			

W I T N E S S	Witness Name - Last		First	BRAD	Middle	Suffix	
	Address				City	State	Zip Code
	JOHNSTON POLICE DEPARTMENT				JOHNSTON	IA	50131
	Home/Cell Phone #		Work Phone #		Type of Witness		
				01 - INVOLVED			

V E H I C L E 001	Vehicle Year	Make	Model	Style
	License Plate #	License State	Year	VIN
	Color(s)			
	Was the Owner Present?			
	Associated Offense Sequence No.	Vehicle Impounded?	Impound Location	Impound Tag Number

P R O P E R T Y 001	Associated Offense Seq. No.	Type of Loss	Property Sequence Number
	Property Description		
	Make	Model	Value of Property
	Color	Serial Number	Date Recovered
	Lost Property?	SIN Number	NCIC Number
	FINANCIAL DOCUMENTS		

Type of Document	Account Holder	Name of Bank	Amt. of Document
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STOLEN MOTOR VEHICLES	
No. of Stolen Motor Vehicles	No. of Recovered Motor Vehicles

SUSPECTED DRUG INFO		
Suspected Drug Type 1	Estimated Drug Quantity	Type of Drug Measurement
Suspected Drug Type 2	Estimated Drug Quantity	Type of Drug Measurement
Suspected Drug Type 3	Estimated Drug Quantity	Type of Drug Measurement

I T E M 001	Assoc. Property Sequence # 01	Type of Loss/Etc.	Item Description	SIN #	NCIC #
	1 - STOLEN AND RECOVERED	JOHN SIMS WALLET			
	Make	Model	Color	Serial	Quantity
				01	\$25.00

NARRATIVE

ON THE ABOVE DATE AT 2147HRS, OFFICER MCCLAIN(316) AND MYSELF, OFFICER CHRISTENSEN, WERE TRIPPED TO 5233 STONEY CREEK CT(WYNNSONG THEATERS) IN REFERENCE TO A FIGHT BETWEEN TWO JUVENILES. BEFORE OFFICERS ARRIVED, DISPATCH ADVISED BOTH SUBJECTS HAD BEEN SEPARATED, HAD BEEN ASKED TO LEAVE AND WERE REFUSING TO DO SO.

AS I WAS DRIVING UP TO THE FRONT DOOR OF THE THEATER, OFFICER MCCLAIN SET OFF HIS EMERGENCY BUTTON ON HIS PORTABLE RADIO. THE ONLY RADIO TRANSMISSIONS I COULD HEAR WAS "STOP RESISTING, STOP FIGHTING." I EXITED MY PATROL CAR AND WAS TOLD BY ONLOOKERS THAT OFFICER MCCLAIN WAS INSIDE THE THEATER FIGHTING WITH A SUBJECT. AS I ENTERED INTO THE LOBBY AREA OF THE THEATER, I OBSERVED OFFICER MCCLAIN LAYING ON TOP OF A SUBJECT, LATER LEARNED TO BE JOHN WAYNE PILMER(4/10/97). PILMER WAS LYING ON HIS BACK, FACING OFFICER MCCLAIN, WITH HIS HANDS IN FRONT OF HIM. OFFICER MCCLAIN IMMEDIATELY ADVISED ME HE BELIEVED HIS RIGHT HAND WAS BROKEN. WE ATTEMPTED TO GET PILMER ONTO HIS STOMACH AND GET HIS HANDS BEHIND HIS BACK. PILMER WAS TOLD NUMEROUS TIMES TO STOP RESISTING AND TO PUT HIS HANDS BEHIND HIS BACK, BUT DID NOT COMPLY WITH OUR ORDERS. WE FINALLY GOT PILMER ROLLED ONTO HIS STOMACH. HE STARTED TO CALM DOWN BUT STILL WOULD NOT PUT HIS HANDS BEHIND HIS BACK. I THEN REQUESTED JOHNSTON FIRE/RESCUE TO OUR LOCATION. THROUGHOUT THE ENTIRE STRUGGLE, PILMER WAS YELLING AND SCREAMING. ONLOOKERS WERE ALSO ATTEMPTING TO CALM PILMER DOWN AND WERE YELLING AT US THAT HE WAS AUTISTIC. SEE OFFICER MCCLAIN'S SUPPLEMENTAL REPORT FOR MORE INFORMATION.

DEPUTIES GALETICH(152) AND OSBERG(68) ARRIVED TO ASSIST.

PILMER STARTED TO GET UPSET AGAIN AND MADE COMMENTS ABOUT TASING AND SHOOTING HIM. WE WERE ABLE TO CALM PILMER DOWN AND HE AGREED WE WOULD ASSIST HIM IN WALKING OUTSIDE TO TALK ABOUT THE SITUATION. PILMER WAS

NARRATIVE

ASSISTED TO HIS FEET AND TOOK THREE STEPS BEFORE BECOMING VERY AGGRIVATED AND BEGAN THRASHING HIS ARMS, ATTEMPTING TO PULL AWAY FROM US. PILMER WAS THEN TAKEN TO THE FLOOR IN AN ATTEMPT TO GET HANDCUFFS ON HIM. ONCE ON THE FLOOR, PILMER CONTINUED TO THRASH AROUND AND WOULD NOT COMPLY WITH ORDERS. DEPUTY OSBERG THEN ACTIVATED HIS TASER AND SHOT PILMER IN THE RIGHT TORSO AND LEG. THE TASER HAD AN EFFECTIVE RESULT, ALLOWING DEPUTY GALETICH TO GET HANDCUFFS ON PILMER AT 2200HRS. WE THEN ASSISTED PILMER TO HIS FEET AND WALKED HIM OUTSIDE TO THE CURB BESIDE MY PATROL CAR.

JOHNSTON FIRE/RESCUE HAD ARRIVED AND PROVIDED TREATMENT FOR OFFICER MCCLAIN, WHO WAS TRANSPORTED TO MERCY MEDICAL CENTER WITH A BROKEN HAND. MEDICS ALSO REMOVED ONE TASER PROBE THAT WAS STILL ATTACHED TO PILMER. I ALSO REQUESTED DISPATCH ADVISE LT ASWEGAN(301) OF THE SITUATION, WHICH THEY DID.

SGT BLAYLOCK(89) AND FOUR URBANDALE RESERVE POLICE OFFICERS THEN ARRIVED TO ASSIST.

CONTACT WAS THEN MADE WITH PILMER'S PARENTS AND THEY WERE ENROUTE TO OUR LOCATION. DEPUTY GALETICH ADVISED ME HE HAD SPOKEN TO PILMER'S FATHER, WHO HAD MADE THREATS TO HIM ABOUT TASING DEPUTY GALETICH ONCE HE ARRIVED. A SHORT TIME LATER PILMER'S FATHER, MOTHER AND SISTER ARRIVED. ANOTHER STRUGGLE ENSUED BETWEEN SGT BLAYLOCK, DEPUTY GALETICH AND PILMER'S FATHER, IN WHICH HE WAS PLACED INTO CUSTODY. SEE DEPUTY GALETICH'S REPORT FOR FURTHER INFORMATION.



SGT TOMPKINS(322), SGT SPRING(308) AND OFFICER LOWE(311) ARRIVED TO ASSIST.

OFFICER LOWE SPOKE WITH THE VICTIM, JOHN SIMS II AND HIS BROTHER GRANT, ABOUT THE SITUATION OF WHICH THEY PROVIDED A WRITTEN STATEMENT FOR US. SGT TOMPKINS, SGT SPRING AND OFFICER LOWE ALSO SPOKE WITH THE OTHER WITNESSES TO THE FIGHT. SEE THEIR SUPPLEMENTAL REPORTS FOR FURTHER INFORMATION.

IT WAS DETERMINED THAT PILMER WOULD BE PLACED IN THE BACKSEAT OF MY PATROL CAR, HOBBLE STRAPPED AND TRANSPORTED TO MEYER HALL. PILMER WAS COOPERATIVE THROUGH THIS PART OF THE INCIDENT.

OFFICER LOWE AND I TRANSPORTED PILMER TO MEYER HALL. ONCE AT MEYER HALL, HE WAS TURNED OVER TO THEIR STAFF WITHOUT INCIDENT. DURING THE TRANSPORT AND WHILE AT MEYER HALL, PILMER WAS CALM AND COOPERATIVE.

PHOTOGRAPHS WERE TAKEN OF OFFICER MCCLAIN'S HAND BEFORE HE WAS TRANSPORTED TO THE HOSPITAL AS WELL AS AFTER HE WAS RELEASED.

OFFICER	Complainant/Reporting Party Signature				
					
	Reporting Officer	Badge Number	Video Taken?	Evidence Seized?	Photos Taken?
	CHRISTENSEN JEREMY	JCHRI	01 - IN CAR	NO	YES
	Supervisor	Badge Number	Incident Assigned To		
		301	ASWEGAN / TOMPKINS		
	Cleared Exceptionally	Date Cleared Exceptionally			
	Notifications				
	Investigators <input checked="" type="checkbox"/>	Identification Unit <input type="checkbox"/>	Officer Case Investigative Photos <input type="checkbox"/>		

→ CHIEF VAUGH, URBANDALE PD & SRD